

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/914750** FILING DA  
APPLICANT(S)

CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/								
2		/		/			51				
3		/		/			52				
4		3/		/			53				
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43							92				
44							93				
45							94				
46							95				
47							96				
48							97				
49							98				
50							99				
TOTAL IND.	6		1				100				
TOTAL DEP.							TOTAL IND.				
TOTAL CLAIMS	7						TOTAL DEP.				
							TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS